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DATE: November 14, 2005

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FROM: Susan D. Reinecke PHONE: 312.836.6192

SENT BY: Arlette EXTENSION: 6257 LOCATION: Chicago

| | |
|-----------------------------------|-------------|
| NUMBER OF PAGES, INCLUDING COVER: | 15 |
| CLIENT-MATTER NUMBER: | 018765-9001 |

NOTES/COMMENTS:

In Re Application of Casini, Appln. No. 10/088,123

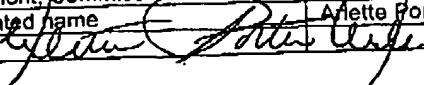
Filed: March 14, 2002, Art Unit 2687

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| | | | | |
|---|----|---|----------------------|--------------------|
| TRANSMITTAL FORM | | Application Number | 10/088,123 | RECEIVED |
| | | Filing Date | March 14, 2002 | CENTRAL FAX CENTER |
| | | First Named Inventor | Andrea Casini | |
| | | Art Unit | 2687 | NOV 14 2005 |
| | | Examiner Name | Un C Cho | |
| Total Number of Pages in This Submission | 14 | Attorney Docket Number | 018765-9001 | |
| ENCLOSURES (check all that apply) | | PETITION FOR EXTENSION OF TIME | | |
| <input checked="" type="checkbox"/> Amendment/Reply (12 pages) <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other: | | This is a request under the provisions of 37 CFR 1.13(e)(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$120.00 (37 CFR 1.17(a)(1)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely. | | |
| CLAIMS FEES | | | | |
| <input checked="" type="checkbox"/> No additional claim fee is required. | | | | |
| | | Highest Number Previously Paid For | Extra Claims Present | Small Entity |
| | | | | Large Entity |
| Total | 19 | - | 20 | =0 |
| Independent | 2 | - | 3 | =0 |
| <input type="checkbox"/> First Presentation of Multiple Claim | | | | |
| FEES | | | | |
| <input type="checkbox"/> Additional Claim Fee \$0.00 | | | | |
| <input checked="" type="checkbox"/> Extension fee for one-month \$120.00 | | | | |
| <input type="checkbox"/> Information Disclosure Statement \$0.00 | | | | |
| <input type="checkbox"/> Surcharge for Missing Parts - Declaration \$0.00 | | | | |
| <input type="checkbox"/> Terminal Disclaimer \$0.00 | | | | |
| TOTAL FEES \$120.00 | | | | |
| PAYMENT OF FEES | | | | |
| <input type="checkbox"/> A check in the amount of \$ is enclosed. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. | | | | |
| <input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$120.00. A duplicate copy of this transmittal is attached for this purpose. | | | | |
| SIGNATURE OF ATTORNEY | | | | |
| Susan D. Reinecke, Reg. No. 40,198 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818 | |  Signature Date: November 14, 2005 | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | |
| I hereby certify that this correspondence is: | | | | |
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| <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below | | | | |
| Typed or printed name <u>Alyette Porter</u> Signature <u>Alyette Porter</u> Date: 11/14/2005 | | | | |

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|---|----------------------------------|---|----------------------|---|--|--------|-------------------------|-----------------|
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| CLAIMS FEES | | | | | | | | |
| <input checked="" type="checkbox"/> No additional claim fee is required. | | | | | | | | |
| | | Highest Number Previously Paid For | Extra Claims Present | Small Entity | Large Entity | | | |
| | Claims Remaining After Amendment | | | Rate | Addit. Claim Fee | Rate | Addit. Claim Fee | |
| Total | 19 | - 20 | =0 | x 25= | \$ | x 50= | \$0.00 | |
| Independent | 2 | - 3 | =0 | x 100= | \$ | x 200= | \$0.00 | |
| | | | | + 145= | \$ | + 290= | \$0 | |
| <input type="checkbox"/> First Presentation of Multiple Claim | | | | | | | FEES | |
| | | | | | | | \$0.00 | |
| <input type="checkbox"/> Additional Claim Fee | | | | | | | \$120.00 | |
| <input checked="" type="checkbox"/> Extension fee for one-month | | | | | | | \$0.00 | |
| <input type="checkbox"/> Information Disclosure Statement | | | | | | | \$0.00 | |
| <input type="checkbox"/> Surcharge for Missing Parts – Declaration | | | | | | | \$0.00 | |
| <input type="checkbox"/> Terminal Disclaimer | | | | | | | \$0.00 | |
| | | | | | | | TOTAL FEES | \$120.00 |
| PAYMENT OF FEES | | | | | | | | |
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| Typed or printed name | | Signature | | | | | Date: 11/14/2005 | |
|  | |  | | | | | | |